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ABSTRACT

The booklet is designed to provide awareness training for the general public on the relationship between persons with disabilities and other members of society. The booklet is divided into six sections concerning persons who are mentally ill, hearing impaired, mentally retarded, mobility impaired, visually impaired, or have epilepsy. Background information gives a brief overview of the characteristics and ramifications of each disability. The booklet also establishes guidelines on how to interact with persons with each disability. For example, the guidelines recommend that when a person with mental retardation is encountered, "acknowledge any display of curiosity or question" and "use average speech and a non-threatening attitude." When encountering a person with mental illness the booklet suggests "try to learn something about the individual before you make contact" and "talk about everyday things in a calm, confident tone of voice." A bibliography of 12 recommended readings is attached. (JDD)

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# Your Encounter With The Disabled

## A Resource Manual On Disabilities

JIM EDGAR
SECRETARY OF STATE

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STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

SPRINGFIELD 62756

JIM EDGAR
SECRETARY OF STATE

To Illinois Citizens:

Illinois citizens are experiencing a growing awareness of the difficulties encountered by persons who are disabled and a recognition that all people have a right to be treated with equal respect and consideration.

"Your Encounter with the Disabled" was compiled at the request of the Secretary of State's Human Resources Advisory Committee. The booklet is a comprehensive awareness training for the general public, dealing with the relationship between persons with disabilities and other members of society.

The Senior Citizens, Human Resources and Veterans Department and the Office of the Secretary of State, as a whole, had long been interested in providing special services to the citizens of Illinois. I highly endorse this package and urge your support of these materials as an awareness curriculum for all.

Sincerely,

Jim Edgar

Jim Edgar
Secretary of State

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## ABSTRACT

"Your Encounter with the Disabled" is a handbook dealing with the relationships between you and persons with disabilities.

The booklet is divided into six sections with regard to persons who are mentally ill, hearing impaired, mentally retarded, mobility impaired, visually impaired or who have epilepsy. The goal is to give you a working knowledge and understanding of each disability, as well as to establish guidelines on how to interact with persons who are disabled in your everyday life.

The background information gives a brief overview of the characteristics and ramifications of each disability. All sections emphasize the practical application of the information by illustrating your encounter with persons who are disabled.

The format simulates an instructor speaking to you. All sections in bold print are narrative. All underlined statements are pertinent to you. A bibliography at the conclusion provides additional reference materials for your information.

## ACKNOWLEDGEMENTS

I would like to take this opportunity to thank some very special people, namely, the Secretary of State's Human Resources Advisory Committee. Their foresight in recognizing the need to have disability awareness training for the general public made the conception of this book a reality.

W. Ben Polk, former director of the Senior Citizens, Human Resources and Veterans Department, was a source of encouragement and enthusiastic support when this booklet was developed several years ago.

I would also like to thank Secretary of State Jim Edgar. Without his strong commitment and dedication to the belief that all citizens should be treated with equal respect and consideration, this book would not have been possible.

Rose Poelvoorde
Coordinator of Human Resources

1990
Revised

# INTRODUCTION

In the United States, there are approximately 36 million persons with disabilities. Disabilities are attributed to a mental or physical impairment or a combination of these impairments.

Many persons with disabilities lead full productive lives. Yet, on a daily basis, they encounter numerous attitudinal, communicative and architectural barriers. This is largely a result of fear, a lack of knowledge or general misconceptions about disabilities on the part of the general population.

Nevertheless, people with disabilities are citizens, entitled to full protection, rights and privileges under the law. Consequently, the need for you to be informed and sensitive is self-evident.

# YOU AND PERSONS WHO ARE MENTALLY ILL

## A. INTRODUCTION

Approximately 10 million Americans suffer from some emotional or mental disorder which is serious enough to require treatment. Given these figures, you are certain to meet a great number of individuals during your lifetime who are mentally ill.

**Remember: Mental illness is not the same as mental retardation.**

Mental illness is equally prevalent in every part of the country. It affects all ages, all levels of society and all ethnic groups.

Your ability to relate to persons who are mentally ill will depend, to a large extent, on your ability to understand them. Even an elementary knowledge of mental disorders will help you to avoid the feeling of uneasiness that hinders many people when they meet someone who is mentally ill.

## B. TWO MAIN CATEGORIES OF MENTAL DISORDERS

### 1. Organic Disorders

When there is physical damage to the brain or central nervous system, the disturbance is organic. This is similar to a computer that has received some mechanical injury to its circuit.

Organic disorders can be caused by head wounds, repeated blows to the head, infections of the brain, and certain other diseases such as Alzheimer's. Alcohol and drug use may also cause organic disorders. Older people sometime suffer from an inadequate supply of blood to the brain. If this inadequacy causes permanent injury to the tissues (*such as following a stroke*), it produces symptoms of senility. Senility is also called dementia. Senility also can be caused by diseases such as Alzheimer's, which causes slowly worsening memory problems and behavioral changes.

### 2. Functional Disorders

When the brain shows no signs of actual injury but nevertheless appears to work improperly, the problem is called functional. This broad category includes problems with anxiety, depression, personality and psychosis. This group includes emotional problems that are inherited from one generation to the next, as well as emotional problems due to stress.

## C. DEGREES

Mental illnesses range in seriousness from those which cause mild eccentricity to those which incapacitate the person entirely. Although there is no clear dividing line, it is convenient to distinguish two main levels of severity.

### 1. Neurosis

Neurotic persons are troubled by feelings of anxiety, depression, or both. Nevertheless, they are usually able to identify their problems and to earn a living.

2. Psychosis

Psychotic persons undergo severe emotional disturbances. Their ideas are irrational, and they may behave in ways that have little bearing on reality. They cannot function effectively either at work or in social relationships, and they may be completely unaware of this.

## D. SYMPTOMS

1. It is not easy to distinguish organic diseases from functional ones by their symptoms. Normal people usually act in ways that suit the situation in which they find themselves. A mentally ill person's behavior is often eccentric.

   a. Laughing or crying for no reason

   b. Kneeling to pray at a dance

   c. Dancing during a church service

   d. Standing on a street corner, talking in a loud voice

   e. Becoming very frightened when there is no real danger

2. Sudden changes in behavior are symptoms of mental illness.

   a. Irrational behavior which does not fit the situation

   b. Sudden shifts in behavior, as from cautious to reckless

   c. Amnesia (*severe loss of memory*)

   d. Unwarranted or prolonged depression

   e. Delusions of grandeur or of persecution (*false beliefs*)

   f. Hallucinations (*hearing or seeing things that are not actually there*)

3. When mental illness is due to alcohol or other drugs, you can be guided by physical clues.

   a. Shaky movements

   b. A grayish-yellowish complexion

   c. Liquor on the breath

   d. Needle marks or "tracks" or sores from injecting or sniffing drugs

   e. Abnormally dilated or contracted pupils of the eyes

   If you find drug paraphernalia on an irrational person, you are fairly safe in assuming that person to be an addict.

4. Many physical conditions can create symptoms similar to mental disorders, including:

a. Head injuries

b. Diabetes

c. Meningitis

d. Brain tumors

e. High blood pressure

f. Influenza

g. Severe infections

h. Hardening of the arteries in the brain

i. Epilepsy

All of these ailments require prompt medical attention. If you should come in contact with someone who shows severe symptoms, whether they are mental or physical:

a. See that the individual receives appropriate medical attention

b. Let the professionals diagnose the ailment

## E. YOUR ENCOUNTER

A person jumps from one idea to another in a totally irrational manner. He may start to talk about inflation and suddenly switch to sports. If you then say that someone has just set a new record for the high jump, he may reply, "I have the finest collection of Dixieland records in the country."

You are visiting someone's home and a family member is very frightened and losing control. What do you do?

A mentally ill patient deliberately tries to provoke you, jeers at you or gives you verbal abuse. What is your first reaction?

1. Your success in dealing with persons displaying these behaviors will depend largely on your own attitude. An emotionally disturbed person may be extremely sensitive to your mood.

   a. Keep cool

   b. Adopt a calm, friendly attitude

   c. Do not threaten or bully the person

   d. Remain alert and do not let your guard down entirely

   e. Try to learn something about the individual before you make contact

   f. Talk about everyday things in a calm, confident tone of voice

   g. Do not deceive an emotionally impaired person, who may then refuse to believe even the doctor

h. Be careful not to let the individual get you personally involved with his or her problems

Try to get help for the individual. Contact a family member or a mental health professional. If the person is acting up, it may be necessary to notify the police.

## F. REMEMBER

Your attitude is the key to success in handling persons who are emotionally disturbed. As long as you remain calm, friendly and considerate, few persons with mental illness will give you trouble. Although you must keep alert for the exceptional person who becomes violent, that person will be easier to control when you keep a cool, professional attitude.

## YOU AND PERSONS WITH EPILEPSY

### A. INTRODUCTION

Epilepsy is a common neurological condition. There are approximately two million persons in America with this seizure disorder. It takes the form of brief, temporary changes in the normal functioning of the brain's electrical system. Recognition of epilepsy and knowledge of first aid is important because it is very easy to mistake epilepsy for other conditions.

Epilepsy cannot be cured. However, seizures can be controlled completely in about 50 percent of those who have the disorder and reduced in another 30 to 35 percent. This control is achieved through regular, daily use of anti-seizure drugs. **People with epilepsy usually carry medication with them because a missed scheduled dose risks a seizure.**

### B. ANTI-SEIZURE DRUGS

1. The following are brand and generic names of drugs most commonly used in the treatment of epilepsy:

   a. Dilantin (*phenytoin*)

   b. Phenobarbital

   c. Zarontin (*ethosuximide*)

   d. Tergretol (*carbamazepine*)

   e. Depakene (*valprocia acid*)

   f. Mysoline (*primidone*)

   g. Clonopin (*clonazepam*)

   h. Tranxene (*chlorazepate*)

   More than one drug can be prescribed for the individual. Depriving a person with epilepsy access to his medication is putting his health and even his life at risk.

### C. TWO TYPES OF SEIZURES

1. Convulsive

   Convulsive seizures happen when the whole brain is suddenly swamped with extra electrical energy. They are also called grand mal or generalized tonic-clonic and are the ones most people think of when they hear the word epilepsy.

   *Convulsive Seizures*

   a. Usually last from two to five minutes

   b. Result in complete loss of consciousness and muscle spasms

   c. Are often mistaken for a heart attack or stroke, and CPR techniques may be used that are not necessary

2. Non-convulsive

Non-convulsive seizures affect only part of the brain. Included in non-convulsive seizures are: absence or petit mal; complex partial, also called psychomotor or temporal lobe; simple partial, either jacksonian or sensory; atonic seizures, also called drop attacks; myoclonic seizures and infantile spasms.

*Non-convulsive seizures:*

a. May take the form of a blank stare lasting a few seconds

b. May cause involuntary movements of arms or legs

c. Staring into space with erratic motor behavior but not losing consciousness

d. May cause episodes of "automatic behavior" in which the person is unaware of where he is or what his circumstances are

## D. YOUR ENCOUNTER

1. If you discover a person having a convulsive seizure, try to find some form of medical identification.

a. This could include a necklace, bracelet or wallet card

When a person is having a convulsive seizure, it is important to remember that you cannot stop the seizure. Follow these basic rules:

b. Do not restrain the person

c. Clear away hard, sharp objects

d. Loosen tight clothing, neckties, belts

e. Gently turn head to permit saliva to escape

f. Do not force anything between teeth

g. Put pillow or folded coat under head

h. If the person is disoriented, offer help in getting home or offer a place to recover until that person can get home without assistance

After a severe seizure, the person will probably fall into a deep sleep.

In the vast majority of convulsive seizures, medical treatment will not be required. However, if the seizures do not cease within 10 to 15 minutes, medical assistance should be sought.

2. Non-convulsive seizures generally do not require first aid, but medical evaluations are recommended.

For the complex partial or psychomotor seizure, which usually starts with a blank stare, followed by chewing, random activity and behavior inappropriate to the situation, you should:

a. Speak calmly and reassuringly to the person and others

b. Guide gently away from obvious hazards

c. Stay until the person is completely aware of the surroundings

d. Be very cautious so as not to interpret a period of "automatic behavior" as public drunkenness, being drunk and disorderly, or being high on illegal drugs

e. Be aware that the behavior can be mistaken for a period of mental illness

f. Know that efforts to restrain can produce a fighting reaction

## E. REMEMBER

Because seizures result in some degree of temporary amnesia, persons with epilepsy may have difficulty in remembering details or a sequence of events. Remember that, with medication, most persons with epilepsy can live normal, productive lives.

## YOU AND PERSONS WHO ARE HEARING IMPAIRED

### A. INTRODUCTION

Deafness is a complex and often technical disability. The reaction of a deaf individual to you, and to society in general, is based on such factors as audiological capacity, education background, and communication philosophy.

However, you will have no way of knowing these things in your initial contact with an individual who is hearing impaired.

Following are a few clues that might alert you to the fact that the person has a hearing impairment.

1. Appears alert but fails to respond to any sounds

2. Points to the ears, or to the ear and mouth, perhaps while also shaking the head

3. Speaks in a flat or harsh unintelligible monotone

So, what should you do?

### B. DEAF PEOPLE ARE PEOPLE

The personalities of deaf people are as unique as the mainstream members of society.

1. Deaf people are more like you than they are unlike you

The common bond among deaf people is their hearing disability.

2. Deafness is not just a loss of hearing

The real handicap of deafness is being cut off from the normal means of acquiring and transmitting language.

3. Communication loss

This loss affects a deaf person's sophistication about the world and results in personal, social, educational and occupational obstacles. Most deaf people have been able to cope with this "communication loss" by using auxiliary means of communication, such as:

4. Sign Language

5. Lip/Speech Reading

6. Reading

7. Writing

There are two dimensions of the hearing impairment itself that influence the use of these

communication modes: the age at which the person became hearing impaired and the severity of the impairment.

8. Prelingual/early onset deafness

This condition refers to persons born deaf or who became deaf in early childhood. Persons who fall into this category use sign language as their primary means of communication.

9. Postlingual deafness

Persons with this condition have become hearing-impaired later in life, after they have mastered the English language. The hearing impairment may have occurred for a variety of reasons, including age. Many in this group have commonly been known as "hard-of-hearing." It is impossible to generalize the type of communication used by these persons. Many will not know sign language, and many will have comprehensible speech. Just because you can understand their voices does not mean they can understand yours. Also, lip reading can only be used with a limited degree of success.

Many hearing people are unaware of the communication difficulties of people who are hearing impaired. Also, many people who are hearing impaired do not know how to ask for better communication. As a result, they can be mistaken for persons who are senile, mentally ill, or mentally retarded.

Many people who are hearing impaired depend on distorted sound. Some degree of lip reading is often required. Much concentration on the speaker's face is required for lip reading. Also, a person who is hard of hearing and is ill or under stress finds it difficult to comprehend spoken words, and serious misunderstandings can thus occur. Many words look alike on the lips and must be understood in the context of the conversation.

Remember, every hearing-impaired person copes with his or her communication loss in a different way.

10. Determine the preferred mode of communication immediately

## C. CULTURE AND COMMUNICATION

Deaf people are unusual as a disability group, for they are not disabled among themselves. This attitude encourages the formation of a:

1. Separate deaf community and culture

The deaf community is like any other minority group that is held together by common experiences. Deaf people have gone to residential schools or special deaf programs and share a culture of language, jokes, drama, and traditions that are passed down from one generation to the next.

The following anecdotes are from "The Hazards of Deafness," a book written by Dr. Roy Holcomb, a deaf educator. They may help you to understand some of the intrinsic bonds of the deaf community.

> "You live in the north, your car often 'dies' when you are outside scraping your windows. While doing this you learn to watch your radio antenna. When it is shaking, you know that your car is still running; when it stops shaking, you

know that your car has 'died.' And some people think that the deaf get nothing from their radio."

"You find it hard to understand how newspapers can make noise when turning pages, and clothes do not when being folded."

"You are late for work because you slept with your head under the pillow and missed the light flashes of the alarm clock."

"It is 2 a.m. and you are sound asleep, there are people pounding on your doors and walls trying to let you know your house is on fire; you will probably be lucky to awaken at all."

Experiences like these humorous and potentially tragic ones help form the strong bonds of the deaf community. Another bond is the common language.

2. American Sign Language (*ASL, Ameslan*)

ASL is the "native" language of the prelingual and early onset deaf. In fact, it is tied with Italian as the second most used minority language in the United States.

American sign language has its own grammar and vocabulary and is a completely visual language.

3. Not a code for English

Because ASL has its own syntax, the written English of deaf people often appears to be awkward.

The following are examples of how a deaf driver might explain an accident.

> "Deer die on walking road. Driving wife tired for lay down. Driving for much rain in darkness. Crash of deer to stop hard fail. Where wife of backseat."

Although you probably have some idea of what the man is trying to say, the details of the accident are very confusing when presented this way. Remember, awkward grammar is not a sign of inferior intelligence.

In the next passage, the grammar is also unconventional, but the meaning should be more clear.

> "Me drive. Wife sleep backseat. Dark rain hard. Me see deer. Brake. No stop. Finish hit. Deer finished dead."

Obviously, the written grammar of deaf people varies among individuals. Be patient. However, do not be surprised if the deaf person's grammar is better than your own!

American sign language is considered to be the primary language of the deaf community. However, it is not used exclusively.

4. Fingerspelling

5. Signed English

6. Oralism

The above are also used. Fingerspelling and signed English are often used in conjunction

with ASL, while oralism involves a very different approach to communication. If you encounter an "oral" individual, do not be fooled into believing that he or she can understand everything you are saying. Even deaf individuals who are trained in the oral method can comprehend only about 30 percent of what is said.

## D. YOUR ENCOUNTER

With a deaf individual, it is important to decide on a method of communication immediately.

### 1. Lip Reading

Lip reading is the least reliable of the three communication methods. Only about 30 percent of what is said can be lip read.

### 2. Writing Notes

Writing is often an effective means of communication. As was mentioned earlier, however, the grammer of deaf people is often hard to understand. Writing notes will require patience on your part.

### 3. Sign Language

Sign language is the preferred method of communication. Secure an interpreter whenever possible. This may be a friend or family member, and remember that you, not the interpreter, are the one talking to the deaf person.

Many interpreters, even though certified, cannot communicate effectively with all deaf people. Try and ascertain if the deaf person understands what is being communicated. Just as it is with a deaf person, communicating with a person who is hearing impaired will require time and patience, but it is essential if you are going to establish a relationship with this individual.

## YOU AND PERSONS WHO ARE MENTALLY RETARDED

### A. INTRODUCTION

Three percent of the population is mentally retarded. In Illinois, 340,000 persons have this disability. Mental retardation refers to persons who have intellectual functioning which is below average. In other words, people who are mentally retarded have a decreased ability to learn.

Persons with mental retardation are living and working in the community. Many persons with mental retardation live independently or semi-independently in group homes, apartments, foster homes or with family members. They go grocery shopping, to church, to the movies, and out to eat. In other words, persons with mental retardation enjoy participating in the same activities as you.

A significant number of these individuals work in competitive employment and live full, productive lives. Still, some have differing needs requiring specialized care, programming and supervision.

### B. LEVELS OF RETARDATION

Three general levels of mental retardation have been established. They are mild, moderate, and severe/profound. These levels reflect the degree of difficulty a person has in learning. As many as 90 percent of the persons who are mentally retarded have comparatively minor difficulties in the mild or moderate range with learning and social functioning.

These persons are not violent or substance abusers, and they do not have communicable diseases. Remember, mental retardation and mental illness are two separate distinct disabilities.

1. Persons who are mildly/moderately retarded

   a) Differ from non-retarded people only in their rate and degree of intellectual development

   b) Can live satisfying and productive lives in the community

   c) Should have access to and participate in specialized and generic services in the community

   d) Usually lose their identity as retarded, when they enter the job market and daily community life

These persons can live independently or semi-independently in apartments, group homes, foster homes or with family members.

2. Persons who are severely/profoundly retarded

   a) Have a substantially impaired ability to learn

   b) Frequently have disabilities in addition to mental retardation

c) Have poor judgment and can be subject to exploitation by others

These persons would likely require supervision at home or in employment. If you encounter a person who is severely or profoundly retarded, you could offer some level of protective assistance. The person has probably become separated from a family member or staff.

## C. SITUATIONS RELATED TO MENTAL RETARDATION

Persons who are mentally retarded may be taken advantage of.

1. Poor judgment lends itself to being open to suggestion

A person who is mentally retarded may be lured into a back alley and then robbed and beaten simply because he or she was unable to recognize the danger of the situation.

Similarly, a person who is mentally retarded may be unknowingly involved in a crime. For example, there have been cases of individuals who are retarded transporting drugs, thinking at the time they were doing a favor for a friend.

Often these individuals are subject to verbal, physical or sexual abuse.

It is likely that the person:

2. Will not know that he or she has been victimized

It may be necessary to explain what has happened, and why. Also, a person who is retarded may:

3. Have a short attention span

4. Have problems in abstract thinking

## D. YOUR ENCOUNTER

Since more persons with mental retardation are living in their home communities, you may find these persons living in your neighborhood, possibly next door. **There is no need for fear; persons with mental retardation will not harm you.**

When you meet a person who is mentally retarded:

1. Make them feel safe and comfortable in the environment

2. Assure the person that you are a friend

3. Acknowledge any display of curiosity or question

4. Don't be afraid to express your feelings to the individual who is mentally retarded

5. Use average speech and a non-threatening attitude

If the person happens to be upset or agitated, try to calm the individual and try to determine how you might help.

Go slow to be sure the person understands your questions.

6. Use patience

This will greatly reduce the anxiety of a person who is mentally retarded, for the person may thus answer your questions with less confusion.

Remember, individuals do not usually have problems in their contact with persons who are mentally retarded. Retarded persons may have difficulties in the community, and you should be ready to intervene as a friend rather than an adversary.

The needs of persons who are mentally retarded are exactly the same as yours and mine — to be loved, to be important, to be someone, to feel worthwhile, and to have a sense of worth and human dignity.

# YOU AND PERSONS WHO ARE MOBILITY IMPAIRED

## A. INTRODUCTION

Mobility impairments occur in approximately six percent of the population and are generally the result of congenital defects, accidents, diseases, or combat. A mobility impairment could happen at any time, to anyone.

Persons who have mobility impairments are like everyone else except that they require assistive devices. However, they still face two kinds of barriers in society: architectural and attitudinal.

Architectural barriers include stairways, doors that are too narrow for wheelchairs, curbs on sidewalks, parking lots without designated handicapped spaces, and bathrooms that are not accessible.

Attitudinal barriers are usually more subtle but are easily recognized by persons with mobility impairments. Reactions of disgust, pity, or discomfort are often expressed verbally and nonverbally by able-bodied persons.

Be careful in expressing those avoidance reactions when you deal with a person who has a mobility impairment.

## B. CONDITIONS RELATING TO MOBILITY IMPAIRMENTS

There are numerous conditions which may result in mobility impairments.

1. Spinal Cord Injuries

Spinal cord injuries are a result of birth defects, diseases, accidents, or combat. A spinal cord injury may result in paralysis to the legs, trunk, arms, and neck, depending on where the cord was severed or damaged.

2. Cerebral Palsy

Cerebral palsy may be caused by a birth defect or a head injury that leads to damage of the brain and central nervous system. This condition affects control of arms and/or legs and may also result in some level of impairment in vision and speech.

Some effects of cerebral palsy are:

a. Problems with balance and mobility

b. Problems with speech, hearing and sight

c. Problems controlling movements

d. Problems with drooling and facial tics

It is important, therefore, to be careful not to mistake a person with cerebral palsy as intoxicated or as a substance abuser.

3. Muscular Dystrophy and Polio

Muscular dystrophy and polio are two of the most common diseases associated with mobility impairments. Muscular dystrophy is a term used for a group of progressive diseases affecting the muscles of the legs and arms. These diseases are believed to be mostly inherited. Polio, on the other hand, is an infectious disease that affects the spinal cord.

Other diseases that might cause a mobility impairment include multiple sclerosis and diabetes.

Mobility impairments are also caused by stroke, arthritis, amputation and severe kidney disorders.

## C. MULTIPLE IMPAIRMENTS

Some persons that you will encounter may have more than one mobility impairment or may have a mobility impairment and be mentally retarded. Although multiple impairments may exist, mental retardation should not be assumed. Examples of possible multiple disabilities are:

1. Deaf and blind
2. Cerebral palsy and mental retardation
3. Spinal cord injury and mental dysfunction from head trauma
4. Mentally retarded and visually impaired
5. Mentally retarded, hearing impaired and epilepsy

There are also many other possible combinations of multiple impairments. Look for indications of both physical and mental impairments. Remember that the degree of physical and/or mental impairments will vary with each individual.

## D. IMPLICATIONS OF MOBILITY IMPAIRMENTS

Think of all the ways you use your hands, feet, arms, legs, and neck. Persons who are mobility impaired experience functional limitations affecting one or more of their limbs. They may have difficulty opening doors, manipulating objects, and getting from one place to another without the use of certain equipment and devices to assist those movements.

Common assistive devices are:

1. Wheelchairs
2. Crutches
3. Braces
4. Canes

Many persons prefer wheelchairs for mobility, not because they are completely paralyzed and cannot walk, but because wheelchairs often provide the easiest and quickest mobility. Be aware of the importance of these devices. They are as critical to a person with a mobility impairment as your legs and arms are to you.

## E. YOUR ENCOUNTER

In situations when you encounter a person who is disabled, remember the following factors:

1. Speak directly to the person in a normal tone of voice and normal speech
2. Convey an attitude of acceptance and understanding
3. Show respect for the person
4. Use positive non-verbal messages through such means as posture, eye contact and tone of voice

Although there are some disorders that impair other functions in addition to mobility, persons in this disability group are generally of normal intelligence. A mobility impairment usually does not affect the ability to think, nor does it affect the sensory abilities.

## F. ACCESSIBILITY

Accessibility is a primary concern to any individual who is mobility impaired. You should be alert to the following:

1. Handicapped parking spaces
2. Doorways that are wide enough for a wheelchair
3. Ramps where stairs are present
4. Bathrooms that have wide stalls, wall handles, etc.

If a building is not accessible, work with the person to determine what steps should be taken.

Also, you may encounter a person with cerebral palsy who has difficulty speaking and being understood. This limited speech ability can be better understood by:

5. Bringing in a family member or teacher who is familiar with the person's speech
6. Use of written communication depending on the degree of involvement

A person with mobility impairment(s) may have some special needs, but as with anyone, the use of common sense, good judgment and respect will help when relating to such an individual.

# YOU AND PERSONS WHO ARE VISUALLY IMPAIRED

## A. INTRODUCTION

Blind people are perhaps the most patronized members of society, which comes mostly from the historical misconception of the blind as inferior and helpless. This attitude has acted as a barrier in understanding the nature of blindness and what a blind person can accomplish.

In Illinois, there are approximately 60,000 severely visually-impaired persons. That is, one person out of every 200 has a severe vision impairment. The chance of your encountering a blind individual is thus significant.

## B. CHARACTERISTICS OF THE VISUALLY IMPAIRED

There is no such thing as a stereotypical blind person.

1. Not all are totally blind

   In fact, 80 percent have some remaining vision. The degree to which this vision may affect mobility depends on the person.

   For example, persons who are visually impaired with tunnel vision may be able to see well enough to identify you when you approach them but may still need assistance in spotting oncoming cars before crossing the street.

2. Ask to determine the extent of a person's visual impairment

Many myths prevail about the visually impaired. They are not all musical and they do not have a mysterious "Sixth Sense."

3. No compensation factor takes over when a person loses sight

   Naturally, the use of other senses become intensified, but this is a result of a blind person's need to adapt to the environment, not because of some biological "superhearing" or "supersmell" ability.

   Unlike most disabilities, age is a significant contributing factor to the incidence of blindness.

4. 60 percent of the blind are over 65

5. 30 percent are between the age of 18 and 64

6. 10 percent are under age 18

When dealing with an older blind person, remember that a person who has become visually impaired late in life may not be trained to deal with that handicap.

## C. THE REAL HANDICAPS OF BLINDNESS

There are many misconceptions about blindness. One is that people see blindness as a handicap of vision. It is not that simple. In fact, the real handicaps of blindness are:

1. Mobility

2. Negative public attitude toward the blind

Mobility is a daily issue in the lives of the blind. Mobility affects self-concept, self-confidence, personal and social relationships, and educational and employment opportunities.

3. Independence and confidence are direct results of mobility

There are two primary ways for a blind person to achieve independent mobility: the guide dog and the long, or "white," cane.

4. Guide dog

A visually impaired person using a guide dog is always totally blind. A guide dog is trained to respond to the commands of the master and to exercise "intelligent disobedience", i.e., to refuse a command that could bring harm to the master. For example, a guide dog may refuse to cross the street if there is an oncoming car. Guide dogs are used by approximately one percent of the visually impaired population.

5. Long cane

The long cane is the more commonly used mobility tool. Orientation and mobility training are required in order to acquaint the person who is visually impaired with the capabilities of the long cane.

The following excerpt from "How Does A Blind Person Get Around" is an example of what a blind person is likely to encounter while walking down the street. Pay particular attention to the details the person must be aware of in the environment.

> "On the sidewalk a blind person may use the sounds of parallel traffic to judge his distance from the street. As he walks he can determine whether he is on an asphalt or concrete sidewalk by the type and texture of the sounds made by his shoes and cane and the pressure on the soles of his feet. He hears the sounds of traffic and the direction in which it is moving, the noises of machinery, the sounds of people walking in and out of shops. Landmarks may be the smell of hamburger from the restaurant's exhaust fan or the stench from the uncovered garbage cans that stand uncollected. The sun's radiation helps him orient himself in terms of direction. The abrupt absence of the sun's heat may indicate a marquee or a canopy overhead. A drop in temperature to the side may indicate an alley between buildings.
>
> As he approaches a corner he hears perpendicular as well as a parallel traffic and, by sensing a change in sound and wind, notes that he has passed the end of a row

of buildings and is close to the corner. Sometimes he hears the nearby voices of other people waiting to cross the street, but he avoids taking his cues from the sounds of pedestrians because they may be jaywalking, which for him could be extremely dangerous. Instead, he stops, squares off, and listens for the parallel traffic to start and the perpendicular traffic to stop. When this happens, he steps down (*looking straight ahead in order not to convey the impression that he can see and is watching the traffic*) and crosses the street. At the other side he feels and hears his cane touch the curb, where he steps up and out of the street as soon as possible."

You may also want to be aware of what is known as the:

6. "White Cane Law"

This law, first adopted in 1930, gives the right of way at an intersection to a blind person carrying a white cane.

In addition to their mobility problems, blind people are often confronted with a condescending attitude by the general public. Unfortunately, the old joke about raising your voice when talking with a blind person is an all too common occurrence.

7. Blind people can hear and understand what is being said as well as a sighted person

Similarly, visually impaired individuals do not need "interpreters" to participate in a conversation.

8. Talk to the blind person, not a third party

There are no "taboo" figures of speech.

9. "Look, see, and read" are part of a blind person's vocabulary

## D. YOUR ENCOUNTER

If you meet a blind person, he or she may welcome some assistance.

1. Identify yourself immediately

Say something like "may I be of assistance?" This approach puts the blind person on an equal basis with you at once, avoids embarrassment, and establishes a suitable relationship.

Identifying yourself is important. Contrary to popular belief, blind people do not always recognize your voice.

When assisting a visually impaired person, always:

2. Have the person take your arm

The person follows the movement of your body. When you come to a curb, or a set of steps, the person feels you rise or descend and moves easily beside you. Of course, it is an extra help to say something like, "here is the curb" etc.

3. Never push the person ahead of you

When the person takes your arm, walking becomes a pleasure instead of a burden. The best thing you can do is to make a person who is visually impaired feel safe and comfortable in the environment.

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## DISABILITY AWARENESS

MANY PERSONS WITH DISABILITIES LEAD FULL PRODUCTIVE LIVES ALTHOUGH THEY ENCOUNTER NUMEROUS BARRIERS. PEOPLE WITH DISABILITIES HAVE THE RIGHT TO BE TREATED AS CITIZENS WITHOUT BEING DISCRIMINATED AGAINST.

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- "YOUR ENCOUNTER WITH THE DISABLED" IS A HANDBOOK DEALING WITH THE RELATIONSHIP BETWEEN YOU AND PERSONS WITH DISABILITIES.

- "A GUIDE TO SERVICES FOR PERSONS WITH DISABILITIES" IS A DIRECTORY OF THE MANY LOCAL SERVICE-PROVIDING AGENCIES IN ILLINOIS.

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